



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Business Compliance Division
BWP HW 28 Permit Application
2005 VID Fee for Licensed Hazardous Waste Transporters

Transmittal Number _____

Company Name _____

Tax ID # (if known) _____

A. General Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



If prepared by the applicant, enter "same as #1," and move on to item 3, otherwise please complete all items.

1. Applicant Information - firm or individual needing a DEP approval or determination:

a. First Name of Individual / Contact _____

b. Last Name of Legally Individual / Contact _____

c. Company Name as Appears on Massachusetts HW Transporter License _____

d. Street Address/PO Box _____

e. City/Town _____

f. State _____

g. Zip Code (nine digit) _____

h. Telephone number _____

i. Ext. _____

j. Fax number _____

k. E-mail address _____

l. EPA ID # _____

m. Tax ID # (TIN) _____

n. MA Hazardous Waste Transporter License # _____

2. Mailing Address:

a. First Name of Preparer/Contact _____

b. Last Name Preparer/Contact _____

c. Company Name _____

d. Street Address/PO box _____

e. City/Town _____

f. State _____

g. Zip Code (nine digit) _____

h. Telephone number _____

i. Ext. _____

j. Fax number _____

k. E-mail address _____

3. Preparer/Contact Information:

a. Name of Firm or Individual _____

b. Telephone number _____

For each Accounting Period, enter the **volume in pounds** of all non-exempt hazardous waste transported for that period's MA Hazardous Waste Transporters Fee (MA HWT Fee).

B. Fee Calculations for 2005 VIDs (cards/stickers)

1. 4/1/03 – 6/30/03 _____ lbs.

2a. 7/1/03 – 7/31/03 _____ lbs.

2b. 8/1/03 – 9/30/03 _____ lbs.

3. 10/1/03 – 12/31/03 _____ lbs.

4. 1/1/04 – 3/31/04 _____ lbs.

5. Total lbs. transported in accounting period:

lbs. = 1+2a+2b+3+4 _____

6. Calculated 2005 VID Fee = total in 5 x \$0.0014 /lb.: _____

\$ _____

7. Calculated 2005 VID Fee or \$50 minimum default, whichever is greater:

\$ 2005 VID Fee Owed _____



Company Name

Tax ID # (if known)

eDEP online filers: This section is for listing only vehicles currently holding MA VIDs. If you are using eDEP online filing for the first time, do not enter data in this section, instead proceed to Section D.

Leave Blank if vehicle remains in service and R and L do not apply.

If you are submitting hard copy and more entries are required, please make copies of this page.

☐ I am filing electronically and I have additional vehicles to register for VID



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D. Registration of New Vehicles and VID Replacement Card

If you are submitting hard copy, you may submit data in your own format provided that all the information is included.

☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
					<input type="checkbox"/> leased
Old VID #	VIN #	Registration	State		

☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
					<input type="checkbox"/> leased
Old VID #	VIN #	Registration	State		

☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
					<input type="checkbox"/> leased
Old VID #	VIN #	Registration	State		

☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
					<input type="checkbox"/> leased
Old VID #	VIN #	Registration	State		

If you are submitting hard copy and more entries are required, please make copies of this page.

☐ I am filing electronically and I have additional vehicles to register for VID's.

☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
					<input type="checkbox"/> leased
Old VID #	VIN #	Registration	State		

☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
					<input type="checkbox"/> leased
Old VID #	VIN #	Registration	State		



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E. Confidentiality Request

You may request in writing that the Department keep confidential part or all of any documentary material or data submitted to the Department if such material or data, if made public, would divulge a trade secret. You are advised to read 310 CMR 3.00 carefully before making such a request because only certain material or data may properly be the subject of a request for confidentiality.

F. Certification

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and, based on my inquiry of those individuals immediately responsible for obtaining the information, that I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

- a. _____
Print **First** Name
- b. _____
Print **Last** Name
- c. _____
Authorized Signature
- d. _____
Position/Title
- e. _____
Date (mm/dd/yyyy)

For DEP Use Only

renewals	vehicles added	updated registration	lost cards	vehicles removed from service